

PERSONAL FINANCIAL DISCLOSURE

"TIER 2"

LSA-R.S. 42:1124.2

☒ ORIGINAL REPORT

☐ AMENDED REPORT

☐ I hold an office that would require a filing under Tier 2.1 or Tier 3. If this box is checked, filer must complete Schedule L.

This Report Covers Calendar Year 2009

Full Name of Filer: RICKY J. TEMPLET

Office Held or Position Sought LA STATE HOUSE OF REPRESENTATIVES

Mailing Address: 150 LINDA CT

Street

GRETNA

City

LA

State

Apt. #

70053

Zip Code

Full Name of Spouse: CHRISTINE D. TEMPLET

Spouse's Occupation: SCHOOL PRINCIPAL

Spouse's Principal Business Address, if any:

4600 RIVER ROAD

Street

MARERRO

City

LA

State

Suite #

70072

Zip Code

Select One:

☐ (A) I certify that I have filed my federal income tax return for the previous year.

☒ (A) I certify that I have filed for an extension of my federal income tax return for the previous year.

Select One:

☐ (B) I certify that I have filed my state income tax return for the previous year.

☒ (B) I certify that I have filed for an extension of my state income tax return for the previous year.

CERTIFICATION OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.

Signature of Filer

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

Printed Name:

ID#

Commission Expires

20 OCT -4 PM 1:08

RECEIVED
LA HOUSE OF REPRESENTATIVES
LEGISLATIVE FINANCE
DIVISION

SCHEDULE A EMPLOYMENT INFORMATION

☐ Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name LA HOUSE OF REPRESENTATIVES		Job Title STATE REPRESENTATIVE	
Employer Address P.O. BOX 94062			
Street		Suite #	
BATON ROUGE		LA	70804
City	State	Zip Code	
Job Description ELECTED OFFICIAL STATE REPRESENTATIVE DISTRICT 85			

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name JEFFERSON PARISH PUBLIC SCHOOL SYSTEM		Job Title PRINCIPAL	
Employer Address 4600 RIVER ROAD			
Street		Suite #	
MARRERO		LA	70072-1943
City	State	Zip Code	
Job Description SCHOOL PRINCIPAL - THOMAS JEFFERSON MAGNET SCHOOL			

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name		Job Title	
Employer Address			
Street		Suite #	
City		State	Zip Code
Job Description			

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name		Job Title	
Employer Address			
Street		Suite #	
City		State	Zip Code
Job Description			

SCHEDULE B **POSITIONS - BUSINESS**

☐ Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest 50 %	
Name of Business ENTERPRISES OF THE WESTBANK, LLC			
Address 2802 BELLE CHASSE HWY			
Street		Suite #	
GRETNA		70053	
City		State	
		Zip Code	
Business Description SPORTS BAR			
Nature of Association 50% INVESTOR			
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest 33.34 %	
Name of Business MRM INVESTMENT PROPERTIES, LLC			
Address 150 LINDA CT			
Street		Suite #	
GRETNA		70053	
City		State	
		Zip Code	
Business Description RENTAL REAL ESTATE			
Nature of Association LIMITED PARTNER			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		Amount of Interest 100 %	
Name of Business R& C TEMPLET ENTERPRISES INC			
Address 150 LINDA CT			
Street		Suite #	
GRETNA		70053	
City		State	
		Zip Code	
Business Description CATERING COMPANY			
Nature of Association OWNER			

SCHEDULE B POSITIONS - BUSINESS

☐ Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest 12.5 %	
Name of Business WESTBANK COFFEE COMAPNY, LLC			
Address 1800 LAFAYETTE STREET			
Street		Suite #	
GRETN		70053	
City		State	
		Zip Code	
Business Description ORLEANS BEVERAGE & EXTRACT			
Nature of Association INVESTOR			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest %	
Name of Business _____			
Address _____			
Street		Suite #	
City		State	
		Zip Code	
Business Description _____			
Nature of Association _____			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest %	
Name of Business _____			
Address _____			
Street		Suite #	
City		State	
		Zip Code	
Business Description _____			
Nature of Association _____			

SCHEDULE C
POSITIONS - NONPROFIT

☒ Check if Not Applicable

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	
Name of Organization _____	Nature of Association _____
Address _____	
Street _____	Suite # _____
City _____	State _____ Zip Code _____
Organization Description _____	

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	
Name of Organization _____	Nature of Association _____
Address _____	
Street _____	Suite # _____
City _____	State _____ Zip Code _____
Organization Description _____	

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	
Name of Organization _____	Nature of Association _____
Address _____	
Street _____	Suite # _____
City _____	State _____ Zip Code _____
Organization Description _____	

SCHEDULE D
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

☐ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ 28,847.08
Name of Business, if applicable LA HOUSE OF REPRESENTATIVES		
Name of Source of Income SALARY		
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address P.O. BOX 94062		
Street BATON ROUGE	State LA	Suite # 70053
City	State	Zip Code
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ 73,922.63
Name of Business, if applicable JEFFERSON PARISH PUBLIC SCHOOL SYSTEM		
Name of Source of Income SALARY		
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address 4600 RIVER ROAD		
Street MARRERO	State LA	Suite # 70072-1943
City	State	Zip Code
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ 5,700.00
Name of Business, if applicable JEFFESON PARISH FINANCE AUTHORITY		
Name of Source of Income NONEMPLOYEE COMPENSATION		
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address 1221 ELMWOOD PARK BLVD		
Street JEFFERSON	State LA	Suite # 70123
City	State	Zip Code

SCHEDULE E
INCOME RECEIVED FROM EMPLOYMENT

☒ Check if Not Applicable

Please disclose the name and address of the employer that provides income, job title, a brief description of the nature of services rendered and the amount of income for each full-time or part-time employment position held by the individual or spouse.

INCOME SHALL BE REPORTED BY CATEGORY.

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.

INCOME RECEIVED THROUGH SELF-EMPLOYMENT SHALL BE DISCLOSED ON SCHEDULE F.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		I II III IV			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Employer Name _____		Job Title _____			
Employer Address _____					
Street _____		Suite # _____			
City _____		State _____		Zip Code _____	
Nature of services rendered pursuant to the employment _____					
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		I II III IV			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Employer Name _____		Job Title _____			
Employer Address _____					
Street _____		Suite # _____			
City _____		State _____		Zip Code _____	
Nature of services rendered pursuant to the employment _____					
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		I II III IV			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Employer Name _____		Job Title _____			
Employer Address _____					
Street _____		Suite # _____			
City _____		State _____		Zip Code _____	
Nature of services rendered pursuant to the employment _____					

SCHEDULE F
INCOME FROM BUSINESS INTERESTS

☒ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.
DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

I II III IV

Aggregate Amount of Income received from the business interests listed on Schedule F: ☐ ☐ ☐ ☐

☐ Filer ☐ Spouse

Name of Business _____

Address _____

Street _____

Suite # _____

City _____

State _____

Zip Code _____

Description of services rendered for the business or a reason the income was received:

☐ Filer ☐ Spouse

Name of Business _____

Address _____

Street _____

Suite # _____

City _____

State _____

Zip Code _____

Description of services rendered for the business or a reason the income was received:

☐ Filer ☐ Spouse

Name of Business _____

Address _____

Street _____

Suite # _____

City _____

State _____

Zip Code _____

Description of services rendered for the business or a reason the income was received:

**SCHEDULE G
OTHER INCOME**

☐ Check if Not Applicable

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (in **value ranges by category**), excluding income reported in another section of this report.

Note: Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D, E and/or F.**

☒ Filer ☐ Spouse

I II III IV
Amount of Income: ☐ ☒ ☐ ☐

Description of Income

INTEREST INCOME

Description of service rendered or the reason the income was received:

PAYMENTS ON INSTALLMENT LOAN

☒ Filer ☐ Spouse

I II III IV
Amount of Income: ☒ ☐ ☐ ☐

Description of Income

RENTAL INCOME

Description of service rendered or the reason the income was received:

RENTAL OF RESIDENTIAL REAL ESTATE

☐ Filer ☐ Spouse

I II III IV
Amount of Income: ☐ ☐ ☐ ☐

Description of Income

Description of service rendered or the reason the income was received:

**SCHEDULE H
IMMOVABLE PROPERTY**

☐ Check if Not Applicable

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		I II III IV
Location of property:		Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Country USA _____	State LA _____	
Parish/County JEFFERSON _____		
Property Description:		
RENTAL REAL ESTATE - 1435 MADISON		

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		I II III IV
Location of property:		Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Country USA _____	State LA _____	
Parish/County JEFFERSON _____		
Property Description:		
RENTAL REAL ESTATE- 1038 MONROE		

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		I II III IV
Location of property:		Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Country USA _____	State LA _____	
Parish/County JEFFERSON _____		
Property Description:		
RENTAL REAL ESTATE - 717-719 ANSON		

**SCHEDULE H
IMMOVABLE PROPERTY**

☐ Check if Not Applicable

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		I II III IV
Location of property:		Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Country USA _____	State LA _____	
Parish/County JEFFERSON _____		
Property Description:		
PERSONAL RESIDENCE - 150 LINDA CT		

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		I II III IV
Location of property:		Value of Property: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Country USA _____	State LA _____	
Parish/County JEFFERSON _____		
Property Description:		
RENTAL REAL ESTATE - 714 3RD ST		

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		I II III IV
Location of property:		Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Country USA _____	State LA _____	
Parish/County JEFFERSON _____		
Property Description:		
RENTAL REAL ESTATE - 18 DECAMP ST		

SCHEDULE H IMMOVABLE PROPERTY

☐ Check if Not Applicable

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		I II III IV Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Location of property:		
Country <u>USA</u>	State <u>LA</u>	
Parish/County <u>JEFFERSON</u>		
Property Description:		
<u>RENTAL REAL ESTATE - 1023 MONROE ST</u>		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		I II III IV Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Location of property:		
Country _____	State _____	
Parish/County _____		
Property Description:		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		I II III IV Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Location of property:		
Country _____	State _____	
Parish/County _____		
Property Description:		

SCHEDULE I **INVESTMENT HOLDINGS**

☐ Check if Not Applicable

The name and a brief description of each investment security having a value exceeding \$5,000 held by you or your spouse, excluding variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash or cash equivalent investments. (NOTE: Exclude any information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.)

Individual, Spouse, or Both	Name of Security	Description
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	ENTERGY STOCK	113 SHARES OWNED
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	WALMART DE MEX STOCK	333 SHARES OWNED
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

SCHEDULE J TRANSACTIONS

☒ Check if Not Applicable

A brief description, amount (in value ranges by category), and date of any purchase or sale, in excess of \$5,000, of any immovable property AND of any personally owned tax credit certificates, stocks, bonds, or commodities futures, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures. (NOTE: Exclude variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SCHEDULE K
LIABILITIES**

☒ Check if Not Applicable

The name and address of each creditor, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business;
- any loan by a licensed financial institution which loans money in the ordinary course of business;
- any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13); and,
- any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the state.

☐ Filer ☐ Spouse

Name of Creditor _____

Address _____

Street _____

Suite # _____

City _____

State _____

Zip Code _____

Name of Guarantor (if any) _____

☐ Filer ☐ Spouse

Name of Creditor _____

Address _____

Street _____

Suite # _____

City _____

State _____

Zip Code _____

Name of Guarantor (if any) _____

☐ Filer ☐ Spouse

Name of Creditor _____

Address _____

Street _____

Suite # _____

City _____

State _____

Zip Code _____

Name of Guarantor (if any) _____

☐ Check if Not Applicable

NAME OF POSITION OR OFFICE HELD:

BOARD OF DIRECTORS - JEFFERSON PARISH FINANCE AUTHORITY

LOUISIANA HOUSE OF REPRESENTATIVES



P. O. Box 1158
Gretna, LA 70054
Email: templetr@legis.state.la.us
Phone: 504.361.6013
Fax: 504.361.6687

Administration of Criminal Justice
Ways and Means

RICKY J. TEMPLET
State Representative ~ District 85

July 6, 2010

LOUISIANA
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

2010 JUL 12 PM 12:57

Louisiana Board of Ethics
Financial Disclosure Section
Attn: Y'kethia Robert
P. O. Box 4368
Baton Rouge, LA 70821

Re: Intention to File Tier II Report after May 15th

Dear Sir:

Pursuant to LSA-R.S. 42:1124.2(B)(2), I hereby give notice to the Board of Ethics of my intention to file my Financial Disclosure Report no later than thirty (30) days after I file my federal tax return for 2009. I have applied for an extension of time for filing my federal tax return, IRS form 4868.

Sincerely yours;

A handwritten signature in black ink, appearing to be "Ricky J. Templet", written over a horizontal line.

Ricky J. Templet
State Representative